

Madison County Health Department Temporary Food Service Review Form

Please complete the application below if you desire to participate in a temporary food service event and return this form to PO Box 278, Virginia City, MT 59755 *10 business days prior to the event.*

Name of Event: _____

Location of Event: _____

Date and Time of Event: _____

Name of Organization and Person in Charge (PIC): _____

Contact Information for PIC **during event**: (address/phone number) _____

Date and Time That Food Service Operations will be Setup: _____

If currently licensed, a copy of the Montana Department of Public Health and Human Services Food Service License with a catering endorsement (F10) or mobile food service endorsement (F7) must be submitted with this completed application.

OR

A Temporary Food Establishment License is required. The fee for license is \$60.00 for establishments with 2 or fewer employees and \$90.00 for 3 or more employees at any one given time, is non-transferable, and is granted by the local health authority upon approval to operate at the specified temporary event for the specified dates of operation. This license is only for temporary establishments that operate at a fixed location (one event) for no more than 13 calendar days. **Make check payable to DPHHS.**

List primary food category (see chart below) and preparation site

Note: ***No food preparation may be done at home. All food must be prepared in an approved licensed kitchen.***

A,B,C,D From chart below	Food prepared at event site ✓	If prepared offsite, name, address and license # of commissary kitchen	Madison County Sanitarian notes

Food categories: Use this chart to answer above questions.

- A. Selling pre-packaged snacks (chips, candy, ice cream), whole fruits, canned or bottled soda/water/juice, etc. **NOT PROVIDING SAMPLES OF PRODUCT.**

- B. Selling pre-packaged snacks, desserts, sauces, salsa, breads, jams/jellies etc. or will be demonstrating kitchen equipment while **PROVIDING SAMPLES OF PRODUCT FOR HUMAN CONSUMPTION.**
- C. Selling non-potentially hazardous bakery foods (cookies, brownies, cakes, donuts), espresso drinks, smoothies, lemonade, cotton candy, sno-cones, scooped ice cream, etc.
- D. Selling potentially hazardous foods such as chicken, ribs, sandwiches, rice, beans, hamburgers, hot dogs, tacos, baked potatoes, cut vegetables, etc.

Complete this chart for all food items to be served at this event: (use separate piece of paper if additional space is required)

Food	Thaw How? Where?	Cut/Wash Assemble Where?	Cold Holding How? Where?	Cook How? Where?	Hot Holding How? Where?	Reheating How?	Cooling How? Where?
1.							
2.							
3.							
4.							
5.							

Please indicate food purchasing source for all food items (including ice):

Please indicate what will be used for handwashing:

Note: hand washing facilities must be conveniently located in all food preparation areas

Please indicate method for utensil washing:

Food Equipment to be used to maintain temperature control during event. Circle all that apply.			Materials to be used for booth construction. Circle all that apply		
Hot Holding Steam table Oven Charcoal grill Gas grill Steamers Stove Hot holding case Heat lamp	Cooking or Reheating Oven Charcoal grill Gas grill Stove Fryers Electric skillet Roasters	Cold holding Refrigerator Freezer Refrigerated truck/freezer Dry ice Ice chest	Walls Wood Canvas Plastic sheet Screen Divider Other: _____	Floors Wood racks Plywood Shredded bark Concrete Asphalt Other: _____	Overhead covering Please describe

List other equipment (sinks, tables) to be used: _____

Sanitizer for wiping cloths (circle): *Note: Chlorine- 1 tsp bleach per gallon of water will yield 50-100 ppm. QA- read label directions, aim for 200-400 ppm.*

Chlorine

Quaternary Ammonium (QA)

Test strips available (circle)

Yes **No**

Probe Thermometer (Circle)

Yes **No**

Water source (check all that apply)

Public | Well |
Onsite | Offsite |

Restrooms Available (Circle)

Yes **No**

I certify that I am familiar with MCA 37. 110. 2, Food Service Rules of DPHHS, and that the above described information will be operated and maintained in accordance with these regulations.

Applicant's Signature

Date

Any deviation from the above listed information without prior approval from the Madison County Sanitarian may nullify final approval.